

<div>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</div>							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		8		
2							52	1			
3							53		1		
4							54	1			
5	1						55		1		
6							56		1		
7							57				
8							58				
9	1						59				
10							60				
11							61				
12							62				
13	1						63				
14							64				
15							65				
16							66				
17	1						67				
18							68				
19							69				
20							70				
21	1						71				
22							72				
23							73				
24							74				
25	1						75				
26							76				
27							77				
28							78				
29	1						79				
30							80				
31							81				
32							82				
33							83				
34							84				
35	1						85				
36							86				
37							87				
38							88				
39	1						89				
40							90				
41							91				
42							92				
43							93				
44	1						94				
45							95				
46							96				
47							97				
48							98				
49							99				
50	1	8					100				
TOTAL IND.		↓		↓		↓	TOTAL IND.	13	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	57	←		←
TOTAL CLAIMS							TOTAL CLAIMS	70			
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS											
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